

CLAIMS ONLY						Application Number 10/605245		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		/	/				54				
5		/		/			55				
6		/		/			56				
7		/		/			57				
8		/		/			58				
9		/		/			59				
10		/		/			60				
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12		/		/			62				
13		/	/				63				
14		/		/			64				
15		/		/			65				
16		/		/			66				
17		/		/			67				
18		/		/			68				
19		/		/			69				
20		/		/			70				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	1		3				Total Indep				
Total Depend	25		19				Total Depend				
Total Claims	26		22				Total Claims				